

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Craig

First name

Robert

Middle name

Bring your picture identification to your meeting with the trustee.

Polzin

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

2. All other names you have used in the last 8 years

Include your married or maiden names.

Christine

First name

Lynne

Middle name

Hollatz-Polzin

Last name and Suffix (Sr., Jr., II, III)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-8117

xxx-xx-2181

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business name or EINs.

**FDBA Advanced Crops LLC
FDBA Athens Lumber LLC
DBA Polzin Construction, LLC**

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**114010 Hillside St
Stratford, WI 54484**

Number, Street, City, State & ZIP Code

Marathon

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

Marathon

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years? No.
 Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? No
 Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. Do you rent your residence? No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. **What kind of debts do you have?** 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts

17. **Are you filing under Chapter 7?** No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. **How many Creditors do you estimate that you owe?** 1-49 1,000-5,000 25,001-50,000
 50-99 5001-10,000 50,001-100,000
 100-199 10,001-25,000 More than 100,000
 200-999

19. **How much do you estimate your assets to be worth?** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion
 \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion
 \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion
 \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

20. **How much do you estimate your liabilities to be?** \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion
 \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion
 \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion
 \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Polzin, Craig Robert

/s/ Hollatz-Polzin, Christine Lynne

Craig Robert Polzin
Signature of Debtor 1

Christine Lynne Hollatz-Polzin
Signature of Debtor 2

Executed on **May 31, 2019**
MM / DD / YYYY

Executed on **May 31, 2019**
MM / DD / YYYY

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ George Goyke

Signature of Attorney for Debtor

Date

May 31, 2019

MM / DD / YYYY

George Goyke

Printed name

Goyke & Tillisch, LLP

Firm name

**2100 Stewart Ave Ste 140
Wausau, WI 54401-1709**

Number, Street, City, State & ZIP Code

Contact phone **(715) 849-8100**

Email address

goyke@grandlawyers.com

1001340

Bar number & State

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2	Christine Lynne Hollatz-Polzin		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ <u>471,000.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>471,000.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>314,771.25</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>785,771.25</u>

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ <u>1,540,465.43</u>
2a.	Copy the total you listed in Column A of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>1,540,465.43</u>
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ <u>18,875.00</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ <u>18,875.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ <u>1,643,445.82</u>
		Your total liabilities \$ <u>3,202,786.25</u>

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ <u>2,314.81</u>
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ <u>7,606.00</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin,**
Debtor 2 **Christine Lynne**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. \$ _____

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>18,875.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>18,875.00</u>

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$471,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1 Make: **Dodge**
Model: **Durango 4WD**
Year: **2012**
Approximate mileage: **202000**
Other information:
VIN #: 1C4RDJDG9CC336984

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

3.2 Make: **Dodge**
Model: **Ram 2500 Pickup 4WD**
Year: **2010**
Approximate mileage: **115000**
Other information:
VIN #: 3D7UT2CL9AG189521

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$4,958.00 **\$4,958.00**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$16,321.00 **\$16,321.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1 Make: **Avenger**
Model: **32FBI**
Year: **2016**
Other information:
VIN #: 5ZT2AVXB5GB910198

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$21,000.00 **\$21,000.00**

4.2 Make: **Skidoo**
Model: **MXZ**
Year: **2001**
Other information:
VIN #: 2BPS1687V000224

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$500.00 **\$500.00**

Debtor 1
Debtor 2

Polzin, Craig Robert & Hollatz-Polzin, Christine Lynne

Case number (if known) _____

4.3 Make: Skidoo	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: Rev 800	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 2003	<input type="checkbox"/> Debtor 2 only	\$500.00	
Other information: VIN #: 2BBPS267463V000262	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	\$500.00	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)		
4.4 Make: Starcraft	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: Boat	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 1974	<input type="checkbox"/> Debtor 2 only	\$200.00	
Other information: Serial #: 2BBPS267463V000262	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	\$200.00	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)		
4.5 Make: Polaris	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: Sportsman 500	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 1997	<input type="checkbox"/> Debtor 2 only	\$500.00	
Other information: VIN #: 4XACH50A4VA045561	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	\$500.00	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)		
4.6 Make: Polaris	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: Sportsman 450	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: 2018	<input type="checkbox"/> Debtor 2 only	\$2,500.00	
Other information: VIN #: 4XASEA500JA269305; titled in debtor 2's name but minor son paid for it	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	\$2,500.00	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)		

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$46,479.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

2018 Toro Lawn Mower

\$5,000.00

Kitchen appliances, cookware, living room furniture, dining room furniture, washer and dryer, bedroom sets, computer and printer, hot tub, etc.

\$12,222.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

Electronics: TV set (\$60); DVD player (\$10); CD player (\$15);
Radio (\$20); cell phones (\$75)

\$180.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

Fishing gear (\$10); Camping equipment (\$15); Bicycles (\$150)

\$175.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

Firearms: 22 Rugar Auto (\$140); 22 Merlin Auto (\$100); 50 Cal.
Muzzle loader single (\$110); 30-06 Remington Pump (\$190); 30-06
Remington Bolt (\$275); 12 ga Browning Pump (\$100); 12 ga over
under (\$150); 20 ga. Mossberg Pump (\$75); 410 ga Savage (\$75);
Browning Bow (\$50)

\$1,265.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing for entire household

\$655.00

Sports clothing for entire household

\$325.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Wedding rings and costume jewelry

\$2,150.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

Two Golden Retrievers (\$50); 3 domestic cats (\$3.00); 2 Rabbits
(\$20); Four Chickens (\$20); 3 Goats (\$150); 1 Sheep (\$50); and 3
Donkeys (\$225)

\$518.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for
Part 3. Write that number here

\$22,490.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

Valley Communities Credit Union - Personal
Checking -\$216.98

- Savings

17.1. Checking Account -\$25.00 \$241.98CoVantage Credit Union - Checking - \$13.13
Savings - \$15.42\$28.55Simplicity Credit Union - Joint Checking -
\$273.49

- Joint Savings - 10.00

\$283.49Simplicity Credit Union - Checking - \$.19
- Savings - \$5.00\$5.19Valley Communities Credit Union - Joint
Checking - \$1,051.51

- Joint

17.5. Checking Account Savings -\$25.00 \$1,076.51Simplicity Credit Union accounts for minor
son - checking - \$52.7417.6. Checking Account savings - \$5.00 \$57.74Simplicity Credit Union - savings for minor
daughter\$100.23Simplicity Credit Union - savings for minor
daughter\$100.16Valley Communities Credit Union account
for minor son - checking - \$40.0017.9. Savings Account savings - \$25.00 \$65.00Valley Communities Credit Union - savings
account for daughter\$25.0017.11. Savings Account Valley Communities Credit Union - Savings
account for daughter \$25.00

18. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. **Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

401(k) or Similar Plan**Transamerica - Ascension 403(b) retirement plan****\$21,909.49****IRA****Equity Design Group - IRA****\$102,443.80****IRA****Roth IRA****\$6,000.00****IRA****Roth IRA****\$6,000.00****Retirement Account****SEPP****\$12,000.00**22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.....

Institution name or individual:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

Jackson National Life Insurance Company**\$48,000.00**24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No

Yes. Give specific information about them...

Money or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
--------------------------------	--

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
<u>Health Savings Account through employer</u>		<u>\$253.02</u>
<u>Thrivent Financial - Whole Life Ins. Policy, acc't ending 6409</u>	<u>Wife</u>	<u>\$19,912.20</u>
<u>Thrivent Financial - Whole Life Ins. Policy, acc't ending 6198</u>	<u>Husband</u>	<u>\$7,322.61</u>
<u>Grange Life Insurance - face amount \$250,000, zero cash surrender value</u>	<u>Husband</u>	<u>\$0.00</u>
<u>Grange Life Insurance - face amount \$250,000, zero cash surrender value</u>	<u>Wife</u>	<u>\$0.00</u>

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

<u>Claim for slander of title against Mid-State Supply</u>	<u>\$8,200.00</u>
--	-------------------

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

Tomorrow's Scholar 529 Plan for the benefit of daughter	\$1,941.17
Tomorrow's Scholar 529 Plan for the benefit of son	\$4,061.11

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$240,052.25

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

41. Inventory

No

Yes. Describe.....

42. Interests in partnerships or joint ventures

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

Advanced Crops LLC- membership shares of stock	100.00	%	\$0.00
Polzin Construction LLC - membership shares of stock	100.00	%	\$0.00
Athens Lumber LLC - membership shares of stock	100.00	%	\$0.00

43. Customer lists, mailing lists, or other compilations

No.

Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

44. Any business-related property you did not already list

No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes.....

48. Crops—either growing or harvested

No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes.....

Bailer (\$400); Haybine (\$450); 2 hay wagons (\$100); hay rake (\$300); 1974 Ford Tractor 7000 (\$4,500)

\$5,750.00

50. Farm and fishing supplies, chemicals, and feed

No
 Yes.....

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$5,750.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$471,000.00
56. Part 2: Total vehicles, line 5	\$46,479.00	
57. Part 3: Total personal and household items, line 15	\$22,490.00	
58. Part 4: Total financial assets, line 36	\$240,052.25	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$5,750.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+ \$314,771.25	
62. Total personal property. Add lines 56 through 61...		Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$314,771.25
		\$785,771.25

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 1 Exemptions

Dodge Durango 4WD 2012 202000 Line from <i>Schedule A/B</i> 3.1	\$4,958.00	<input checked="" type="checkbox"/> \$4,958.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(g)
Kitchen appliances, cookware, living room furniture, dining room furniture, washer and dryer, bedroom sets, computer and printer, hot tub, etc. Line from <i>Schedule A/B</i> 6.2	\$12,222.00	<input checked="" type="checkbox"/> \$12,222.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Electronics: TV set (\$60); DVD player (\$10); CD player (\$15); Radio (\$20); cell phones (\$75) Line from <i>Schedule A/B</i> 7.1	\$180.00	<input checked="" type="checkbox"/> \$180.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Fishing gear (\$10); Camping equipment (\$15); Bicycles (\$150) Line from <i>Schedule A/B</i> 9.1	\$175.00	<input checked="" type="checkbox"/> \$175.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Firearms: 22 Ruger Auto (\$140); 22 Merlin Auto (\$100); 50 Cal. Muzzle loader single (\$110); 30-06 Remington Pump (\$190); 30-06 Remington Bolt (\$275); 12 ga Browning Pump (\$100); 12 ga over under (\$150); 20 ga. Mossberg Pump (\$75); 410 ga Savage (\$75); Bro Line from Schedule A/B: 10.1	\$1,265.00	<input checked="" type="checkbox"/> \$1,265.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Clothing for entire household Line from Schedule A/B: 11.1	\$655.00	<input checked="" type="checkbox"/> \$655.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Sports clothing for entire household Line from Schedule A/B: 11.2	\$325.00	<input checked="" type="checkbox"/> \$325.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Wedding rings and costume jewelry Line from Schedule A/B: 12.1	\$2,150.00	<input checked="" type="checkbox"/> \$2,150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Two Golden Retrievers (\$50); 3 domestic cats (\$3.00); 2 Rabbits (\$20); Four Chickens (\$20); 3 Goats (\$150); 1 Sheep (\$50); and 3 Donkeys (\$225) Line from Schedule A/B: 13.1	\$518.00	<input checked="" type="checkbox"/> \$518.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(d)
Valley Communities Credit Union - Personal Checking - \$216.98 Savings - \$25.00 Line from Schedule A/B: 17.1	\$241.98	<input checked="" type="checkbox"/> \$241.98 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
CoVantage Credit Union - Checking - \$13.13 Savings - \$15.42 Line from Schedule A/B: 17.2	\$28.55	<input checked="" type="checkbox"/> \$28.13 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Simplicity Credit Union - Joint Checking - \$273.49 Savings - 10.00 Line from Schedule A/B: 17.3	\$283.49	<input checked="" type="checkbox"/> \$283.49 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Simplicity Credit Union - Checking - \$.19 Savings - \$5.00 Line from Schedule A/B: 17.4	\$5.19	<input checked="" type="checkbox"/> \$5.19 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Valley Communities Credit Union - Joint Checking - \$1,051.51 Line from Schedule A/B 17.5	<u>\$1,076.51</u>	<input checked="" type="checkbox"/> <u>\$1,076.51</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Joint Savings -\$25.00 Line from Schedule A/B 17.5			
Simplicity Credit Union accounts for minor son - checking - \$52.74 Line from Schedule A/B 17.6	<u>\$57.74</u>	<input checked="" type="checkbox"/> <u>\$57.74</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
savings - \$5.00 Line from Schedule A/B 17.6			
Simplicity Credit Union - savings for minor daughter Line from Schedule A/B 17.7	<u>\$100.23</u>	<input checked="" type="checkbox"/> <u>\$100.23</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Simplicity Credit Union - savings for minor daughter Line from Schedule A/B 17.8	<u>\$100.16</u>	<input checked="" type="checkbox"/> <u>\$100.16</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Valley Communities Credit Union account for minor son - checking - \$40.00 Line from Schedule A/B 17.9	<u>\$65.00</u>	<input checked="" type="checkbox"/> <u>\$65.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
savings - \$25.00 Line from Schedule A/B 17.9			
Valley Communities Credit Union - savings account for daughter Line from Schedule A/B 17.10	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Valley Communities Credit Union - Savings account for daughter Line from Schedule A/B 17.11	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Transamerica - Ascension 403(b) retirement plan Line from Schedule A/B 21.1	<u>\$21,909.49</u>	<input checked="" type="checkbox"/> <u>\$21,909.49</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(j)
Equity Design Group - IRA Line from Schedule A/B 21.2	<u>\$102,443.80</u>	<input checked="" type="checkbox"/> <u>\$102,443.80</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(j)
Roth IRA Line from Schedule A/B 21.3	<u>\$6,000.00</u>	<input checked="" type="checkbox"/> <u>\$6,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(j)
Roth IRA Line from Schedule A/B 21.4	<u>\$6,000.00</u>	<input checked="" type="checkbox"/> <u>\$6,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(j)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
SEPP Line from Schedule A/B: 21.5	<u>\$12,000.00</u>	<input checked="" type="checkbox"/> \$12,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(j)
Jackson National Life Insurance Company Line from Schedule A/B: 23.1	<u>\$48,000.00</u>	<input checked="" type="checkbox"/> \$48,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(f)(2)
Health Savings Account through employer Line from Schedule A/B: 31.1	<u>\$253.02</u>	<input checked="" type="checkbox"/> \$253.02 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(k)
Thrivent Financial - Whole Life Ins. Policy, acc't ending 6409 Line from Schedule A/B: 31.2	<u>\$19,912.20</u>	<input checked="" type="checkbox"/> \$19,912.20 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(f)(2)
Thrivent Financial - Whole Life Ins. Policy, acc't ending 6198 Line from Schedule A/B: 31.3	<u>\$7,322.61</u>	<input checked="" type="checkbox"/> \$7,322.61 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. § 815.18(3)(f)(2)
Tomorrow's Scholar 529 Plan for the benefit of daughter Line from Schedule A/B: 35.1	<u>\$1,941.17</u>	<input checked="" type="checkbox"/> \$1,941.17 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	WSA 815.18(3)(p)
Tomorrow's Scholar 529 Plan for the benefit of son Line from Schedule A/B: 35.2	<u>\$4,061.11</u>	<input checked="" type="checkbox"/> \$4,061.11 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wis. Stat. §§ 815.18(3)(p), 14.64(7)

3. **Are you claiming a homestead exemption of more than \$170,350**
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1

First Name Middle Name Last Name

Debtor 2

Christine Lynne Hollatz-Polzin

(Spouse if, filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION

Case number
(if known) _____

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 2 Exemptions

Brief description:

Line from *Schedule A/B*:

 100% of fair market value, up to
any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Christine Lynne Hollatz-Polzin		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	AgCountry Farm Credit Services Creditor's Name	Describe the property that secures the claim: 114010 Hillside St, Stratford, WI 54484 Real property in the Town of Eau Pleine, County of Marathon, State of Wisconsin, described as follows: The Southwest Quarter of the Southwest Quarter (SW 1/4 - SW 1/4), EXCEPT Lot One (1) of Marathon	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	1207 N Central Ave Marshfield, WI 54449-1506 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$474,622.52	\$471,000.00	\$3,622.52
		Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Date debt was incurred 2018 Last 4 digits of account number _____

Debtor 1	Craig Robert Polzin			Case number (if known)		
	First Name	Middle Name	Last Name			
Debtor 2	Christine Lynne Hollatz-Polzin					
	First Name	Middle Name	Last Name			

2.2	Byline Bank	Describe the property that secures the claim:	\$1,005,177.91	\$471,000.00	\$1,005,177.91
	Creditor's Name				1

114010 Hillside St, Stratford, WI 54484
Real property in the Town of Eau Pleine, County of Marathon, State of Wisconsin, described as follows:
The Southwest Quarter of the Southwest Quarter (SW 1/4 - SW 1/4), EXCEPT Lot One (1) of Marathon

180 N La Salle St Ste 400
Chicago, IL 60601-2504

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- Nature of lien.** Check all that apply.
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Second Mortgage**

Date debt was incurred **2015**

Last 4 digits of account number _____

2.3	CoVantage Credit Union	Describe the property that secures the claim:	\$21,852.00	\$21,000.00	\$852.00
	Creditor's Name				

723 6th Ave
Antigo, WI 54409-1803

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed
- Nature of lien.** Check all that apply.
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred **08/04/2017**

Last 4 digits of account number _____

Debtor 1	Craig Robert Polzin	First Name _____	Middle Name _____	Last Name _____	Case number (if known) _____		
Debtor 2	Christine Lynne Hollatz-Polzin	First Name _____	Middle Name _____	Last Name _____			
2.4 Sheffield Financial		Describe the property that secures the claim: 2018 Toro Lawn Mower			\$9,764.00	\$5,000.00	\$4,764.00
Creditor's Name PO Box 1704 Clemmons, NC 27012-1704		Number, Street, City, State & Zip Code			As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Date debt was incurred 2018		Last 4 digits of account number _____					
2.5 Simplicity Credit Union		Describe the property that secures the claim: 2010 Dodge Ram 2500 Pickup 4WD VIN #: 3D7UT2CL9AG189521			\$17,150.00	\$16,321.00	\$829.00
Creditor's Name 222 E Upham St Marshfield, WI 54449-1543		Number, Street, City, State & Zip Code			As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Date debt was incurred 2017		Last 4 digits of account number _____					
2.6 Wells Fargo Bank, N.A.		Describe the property that secures the claim: Living room, dining room, and bedroom furniture			\$11,899.00	\$0.00	\$11,899.00
Creditor's Name PO Box 10347 Des Moines, IA 50306-0347		Number, Street, City, State & Zip Code			As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____					
Date debt was incurred 2019		Last 4 digits of account number _____					

Add the dollar value of your entries in Column A on this page. Write that number here: **\$1,540,465.43**

Debtor 1 **Craig Robert Polzin**
First Name Middle Name Last Name

Debtor 2 **Christine Lynne Hollatz-Polzin**
First Name Middle Name Last Name

Case number (if known) _____

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$1,540,465.43

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code
AgCountry Farm Credit Services, FLCA
1900 44th St S
Fargo, ND 58103-7428

On which line in Part 1 did you enter the creditor? 2.1

Name, Number, Street, City, State & Zip Code
Furniture & Appliance Mart
1820 Stewart Ave
Wausau, WI 54401-5351

On which line in Part 1 did you enter the creditor? 2.6

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2	Christine Lynne Hollatz-Polzin		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 **Wisconsin Department Of Revenue**
Priority Creditor's Name
Attn: Special Procedures
PO Box 8901
Madison, WI 53708-8901
Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

	Total claim	Priority amount	Nonpriority amount
Last 4 digits of account number	\$18,875.00	\$18,875.00	\$0.00
When was the debt incurred?	2018		

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Taxes**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.1	A & L Oil Nonpriority Creditor's Name	Last 4 digits of account number	\$7,370.01
	PO Box 208 Athens, WI 54411-0208 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.2	A.J. Manufacturing, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$585.27
	1217 Oak St Bloomer, WI 54724-1341 Number Street City State Zip Code	When was the debt incurred?	2018
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.3	AA Seamless LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$5,182.00
	R139 E Townline Rd Athens, WI 54411-9212 Number Street City State Zip Code	When was the debt incurred?	2018
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.4	Accent Business Solutions Nonpriority Creditor's Name	Last 4 digits of account number	\$1,695.72
	PO Box 1915 Appleton, WI 54912-1915	When was the debt incurred?	2018
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.5	Accola Limited Partnership Nonpriority Creditor's Name	Last 4 digits of account number	\$6,700.00
	209 S Central Ave Ste 201 Marshfield, WI 54449-2836	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.6	Acoustech Nonpriority Creditor's Name	Last 4 digits of account number	\$3,253.00
	1710 S 106th St Milwaukee, WI 53214-4015	When was the debt incurred?	2018
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known)

4.7	Advanced Disposal Nonpriority Creditor's Name	Last 4 digits of account number	\$1,599.99
	5509 Fuller St Schofield, WI 54476-3106 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.8	Aflac Nonpriority Creditor's Name	Last 4 digits of account number	\$865.80
	1932 Wynnton Rd Columbus, GA 31999-0001 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.9	Alpine Insulation I, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$8,500.00
	1941 Ashland Ave Sheboygan, WI 53081-6127 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.10	Appleton Acoustical Systems, Inc. Nonpriority Creditor's Name 2900 W Elberg Ave Appleton, WI 54914-5731 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$3,950.00
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.11	Athens Hardware Store LLC Nonpriority Creditor's Name PO Box 242 Athens, WI 54411-0242 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$66.36
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.12	Athens Municipal Water Dept Nonpriority Creditor's Name PO Box 220 Athens, WI 54411-0220 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$87.33
		When was the debt incurred?	_____
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.13	Badger Corrugating Company Nonpriority Creditor's Name PO Box 2849 Indianapolis, IN 46206-2849 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$17,650.18
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.14	Bank Of America Nonpriority Creditor's Name P.O. Box 851001 Dallas, TX 75285-1001 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$23,529.73
		When was the debt incurred? _____	2018
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.15	Bay Building Supplies Inc. Nonpriority Creditor's Name 2929 Walker Dr Green Bay, WI 54311-8312 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$23,732.68
		When was the debt incurred? _____	2019
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.16	Bern Millwork & Company, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$275.98
	6236 Iron Bridge Rd Athens, WI 54411-8401 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.17	BlueLinx Nonpriority Creditor's Name	Last 4 digits of account number	unknown
	PO Box 408 Schofield, WI 54476-0408 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.18	Buckhorn Builders Nonpriority Creditor's Name	Last 4 digits of account number	\$15,523.50
	108 Wylie Rd Athens, WI 54411-9701 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.19	Capital One/Menards Nonpriority Creditor's Name PO Box 7680 Carol Stream, IL 60116-7680 Number Street City State Zip Code	Last 4 digits of account number	\$12,630.80
		When was the debt incurred?	2018
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans		
	<input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>		
4.20	Carstin Brands, Inc. Nonpriority Creditor's Name PO Box 285 Arthur, IL 61911-0285 Number Street City State Zip Code	Last 4 digits of account number	\$2,055.60
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans		
	<input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>		
4.21	Cash Cow Capital Nonpriority Creditor's Name Caymus Funding, Inc. 3350 George Busbee Pkwy NW Ste 225 Kennesaw, GA 30144-5597 Number Street City State Zip Code	Last 4 digits of account number	\$262,000.00
		When was the debt incurred?	2018
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed		
	<input type="checkbox"/> At least one of the debtors and another Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans		
	<input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <u>Line of Credit</u>		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.22	Central Door Solutions Nonpriority Creditor's Name 1430 Contractors Blvd Plover, WI 54467-2609 Number Street City State Zip Code	Last 4 digits of account number _____	\$5,098.00
		When was the debt incurred? _____	2019
		As of the date you file, the claim is: Check all that apply	
		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.23	Chase Freedom/Chase Ink Nonpriority Creditor's Name PO Box 6294 Carol Stream, IL 60197-6294 Number Street City State Zip Code	Last 4 digits of account number _____	\$20,645.96
		When was the debt incurred? _____	2018
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.24	Chase Slate Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code	Last 4 digits of account number _____	\$6,160.89
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.25

Citibank Nonpriority Creditor's Name Citi Cards PO Box 20483 Kansas City, MO 64195-0483 Number Street City State Zip Code	Last 4 digits of account number	\$33,739.68
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.26

Clark County Rehab & Living Center Nonpriority Creditor's Name W4266 County Rd N # X Owen, WI 54460-8505 Number Street City State Zip Code	Last 4 digits of account number	unknown
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.27

Community Living Solutions Nonpriority Creditor's Name 2801 E Enterprise Ave Ste 202 Appleton, WI 54913-8559 Number Street City State Zip Code	Last 4 digits of account number	unknown
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.28	Complete Safety Concepts Nonpriority Creditor's Name PO Box 240618 Milwaukee, WI 53224-9019 Number Street City State Zip Code	Last 4 digits of account number _____	\$1,617.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Unknown	
	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.29	Compliance Regulatory Services, Inc. Nonpriority Creditor's Name N8285 Bachelors Ave Willard, WI 54493-8773 Number Street City State Zip Code	Last 4 digits of account number _____	\$340.50
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? Unknown	
	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.30	Composite Panel Systems, LLC Nonpriority Creditor's Name PO Box 997 Eagle River, WI 54521-0997 Number Street City State Zip Code	Last 4 digits of account number _____	\$16,968.00
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 2018	
	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.31	Construct Connect Nonpriority Creditor's Name 3825 Edwards Rd Cincinnati, OH 45209-1287 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	unknown
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify _____		
4.32	Construction Data Nonpriority Creditor's Name 2001 19th Ave Fl 2 Vero Beach, FL 32960-3449 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	unknown
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify _____		
4.33	Corporate Business Solutions, Inc. Nonpriority Creditor's Name 10 N Martingale Rd Ste 400 Schaumburg, IL 60173-2411 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$65,291.32
		When was the debt incurred? _____	2018
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.34

Counter-Form LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$1,042.05
2001 E 29th St Marshfield, WI 54449-5519 Number Street City State Zip Code	When was the debt incurred?	Unknown
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.35

Creative Comfort Heating & Cooling LLC Nonpriority Creditor's Name	Last 4 digits of account number	unknown
245 N Main St Seymour, WI 54165-1309 Number Street City State Zip Code	When was the debt incurred?	2018
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.36

Custom Craft Distribution, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$5,047.94
121 Countryside Dr Belleville, WI 53508-9740 Number Street City State Zip Code	When was the debt incurred?	Unknown
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.37	CW Garage Door Dist. Inc. Nonpriority Creditor's Name PO Box 245 Woodville, WI 54028-0245 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$1,562.10
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.38	D & T Contractors LLC Nonpriority Creditor's Name W2388 Axen Rd Gleason, WI 54435-9771 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$20,645.73
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.39	Data Link Nonpriority Creditor's Name 3505 Token Dr Richardson, TX 75082-9710 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	unknown
		When was the debt incurred?	Revolving
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.40	Dearco Paint & Decorating Inc. Nonpriority Creditor's Name 1495 E Green Bay St Shawano, WI 54166-2257 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$678.49
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.41	Decker Lumber Nonpriority Creditor's Name 925 Allen St Athens, WI 54411-9550 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$250,000.00
		When was the debt incurred? _____	2015
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.42	Dex-yp Nonpriority Creditor's Name PO Box 619810 Dfw Airport, TX 75261-9810 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$1,042.64
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.43	Dicks Sporting Nonpriority Creditor's Name	Last 4 digits of account number	\$1,676.85
	PO Box 965015 Orlando, FL 32896-5015 Number Street City State Zip Code	When was the debt incurred?	2019
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____	
4.44	Diedericks Heating & A/C Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$20,916.50
	110 S Mill St Seymour, WI 54165-1250 Number Street City State Zip Code	When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____	
4.45	Discover Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	\$10,808.19
	PO Box 15316 Wilmington, DE 19850-5316 Number Street City State Zip Code	When was the debt incurred?	2018
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.46	ESPN Radio Nonpriority Creditor's Name 1714 N Central Ave Marshfield, WI 54449-1514 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$255.26
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.47	Faber Electric Nonpriority Creditor's Name S2680 Oakbrook Dr Marshfield, WI 54449-9440 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$2,129.39
		When was the debt incurred? _____	2019
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.48	Federated Insurance Company Nonpriority Creditor's Name PO Box 328 Owatonna, MN 55060-0328 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$4,900.00
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.49	Fire & Safety Equipment IV, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$68.58
	5636 Connor St Auburndale, WI 54412-9040 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.50	Fleet Farm Nonpriority Creditor's Name	Last 4 digits of account number	\$3,474.00
	PO Box 960013 Orlando, FL 32896-0013 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.51	Frontier Communications Nonpriority Creditor's Name	Last 4 digits of account number	\$974.19
	PO Box 740407 Cincinnati, OH 45274-0407 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.52	Gauerke's Tire & Auto Nonpriority Creditor's Name	Last 4 digits of account number	\$722.04
	909 Pine St Athens, WI 54411-9374 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.53	Generation 3 Media Nonpriority Creditor's Name	Last 4 digits of account number	\$125.00
	PO Box 1119 Janesville, WI 53547-1119 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.54	Granite Re, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	unknown
	14001 Quailbrook Dr Oklahoma City, OK 73134-1757 Number Street City State Zip Code	When was the debt incurred?	2018
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.55	Hallmark Building Supplies Nonpriority Creditor's Name 901 Northview Rd Waukesha, WI 53188-1689 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$7,360.18
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.56	Heartland Cooperative Services Nonpriority Creditor's Name PO Box 260 Dorchester, WI 54425-0260 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$115.03
		When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.57	Hetzl Plumbing Nonpriority Creditor's Name 703 North Ave Tomahawk, WI 54487-1108 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$7,970.01
		When was the debt incurred? _____	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.58	HT Glass & Mirror Center, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$7,234.20
9698 State Highway 70 Minocqua, WI 54548-9055 Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.59	Impact Directories Nonpriority Creditor's Name	Last 4 digits of account number	\$990.00
1251 N Cole Rd Boise, ID 83704-8647 Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.60	Innovative Composite Foundations LLC Nonpriority Creditor's Name	Last 4 digits of account number	unknown
PO Box 422 Marshfield, WI 54449-0422 Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.61	Iron Bridge Industries Nonpriority Creditor's Name	Last 4 digits of account number	\$3,734.40
	6466 Iron Bridge Rd Athens, WI 54411-8407 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.62	J. Ryan Bonding Nonpriority Creditor's Name	Last 4 digits of account number	\$4,935.00
	2920 Enloe St Ste 106 Hudson, WI 54016-8190 Number Street City State Zip Code	When was the debt incurred?	2018
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.63	Jahnke Construction Nonpriority Creditor's Name	Last 4 digits of account number	\$1,775.00
	R688 County Road U Athens, WI 54411-9318 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.64	Jason Lenz Nonpriority Creditor's Name Innovative Composite Foundations PO Box 422 Marshfield, WI 54449-0422 Number Street City State Zip Code	Last 4 digits of account number	\$16,968.00
	Who incurred the debt? Check one.	When was the debt incurred? 2018	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.65	Jay's Drywall Nonpriority Creditor's Name W1023 Elderberry St Edgar, WI 54426-9710 Number Street City State Zip Code	Last 4 digits of account number	unknown
	Who incurred the debt? Check one.	When was the debt incurred? 2018	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
4.66	Jeff's Wrenchin Repair Nonpriority Creditor's Name EP4851 State Highway 97 Stratford, WI 54484-9644 Number Street City State Zip Code	Last 4 digits of account number	\$1,998.78
	Who incurred the debt? Check one.	When was the debt incurred? 2018	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.67	Kwik Trip Extended Network Nonpriority Creditor's Name	Last 4 digits of account number	\$332.16
	PO Box 70887 Charlotte, NC 28272-0887 Number Street City State Zip Code	When was the debt incurred?	2019
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____	
4.68	Lakeland Door Nonpriority Creditor's Name	Last 4 digits of account number	\$9,146.00
	5799 Skaleski Rd Denmark, WI 54208-8869 Number Street City State Zip Code	When was the debt incurred?	2018
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____	
4.69	Lakeland Rental Center Nonpriority Creditor's Name	Last 4 digits of account number	\$653.00
	8784 Frank Dr Minocqua, WI 54548-9700 Number Street City State Zip Code	When was the debt incurred?	2018
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.70	Lakes Gas Co. Nonpriority Creditor's Name PO Box 209 Medford, WI 54451-0209 Number Street City State Zip Code	Last 4 digits of account number _____	\$82.40
	Who incurred the debt? Check one.	When was the debt incurred? <u>2019</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.71	LBM Advantage Inc. Nonpriority Creditor's Name 555 Hudson Valley Ave Ste 200 New Windsor, NY 12553-4749 Number Street City State Zip Code	Last 4 digits of account number _____	\$26,666.70
	Who incurred the debt? Check one.	When was the debt incurred? <u>Unknown</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.72	Lending Club Nonpriority Creditor's Name 595 Market St Ste 200 San Francisco, CA 94105-2802 Number Street City State Zip Code	Last 4 digits of account number <u>2353</u>	\$44,833.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2019</u>	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.73	Lincoln County Landfill Nonpriority Creditor's Name	Last 4 digits of account number	\$183.54
	801 N Sales St Ste 201 Merrill, WI 54452-1632 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.74	Londerville Steel Enterprise Inc Nonpriority Creditor's Name	Last 4 digits of account number	\$1,167.74
	12402 Woodland Dr Wausau, WI 54401-9724 Number Street City State Zip Code	When was the debt incurred?	2018
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.75	Manions Nonpriority Creditor's Name	Last 4 digits of account number	\$19,755.70
	PO Box 753 Superior, WI 54880-0753 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.76

Marathon Technical Services Nonpriority Creditor's Name	Last 4 digits of account number	\$3,860.00
404 Franklin St Wausau, WI 54403-4722 Number Street City State Zip Code	When was the debt incurred?	Unknown
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.77

Marawood Construction Services, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	unknown
2025 W Veterans Pkwy Marshfield, WI 54449-1223 Number Street City State Zip Code	When was the debt incurred?	2018
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

4.78

Marling Nonpriority Creditor's Name	Last 4 digits of account number	\$66.21
PO Box 179 Janesville, WI 53547-0179 Number Street City State Zip Code	When was the debt incurred?	_____
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.79	Marth Wood Shavings Supply Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$2,170.00
	PO Box 679004 Dallas, TX 75267-9004	When was the debt incurred?	Unknown
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.80	MB Concrete Inc. Nonpriority Creditor's Name	Last 4 digits of account number	unknown
	PO Box 206 Manitowish Waters, WI 54545-0206	When was the debt incurred?	Unknown
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.81	Mid-State Supply Nonpriority Creditor's Name	Last 4 digits of account number	\$14,471.19
	PO Box 510 Wautoma, WI 54982-0510	When was the debt incurred?	2019
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.82	Midway Windows & Doors Nonpriority Creditor's Name	Last 4 digits of account number	\$5,144.02
	6750 S Belt Circle Dr Chicago, IL 60638-4706 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.83	Minnkota Windows Nonpriority Creditor's Name	Last 4 digits of account number	\$9,886.61
	2324 Main Ave W West Fargo, ND 58078-1330 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.84	MSA Professional Services, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	unknown
	1230 South Blvd Baraboo, WI 53913-2791 Number Street City State Zip Code	When was the debt incurred?	2018
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.85	Mueller Publishing Nonpriority Creditor's Name	Last 4 digits of account number	\$3,211.82
	PO Box 309 Marshfield, WI 54449-0309 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.86	Nicolet Area Technical College Nonpriority Creditor's Name	Last 4 digits of account number	unknown
	5364 College Dr Rhineland, WI 54501 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.87	Northwestern Lumber Association Nonpriority Creditor's Name	Last 4 digits of account number	\$75.00
	701 Decatur Ave N Ste 105 Golden Valley, MN 55427-4363 Number Street City State Zip Code	When was the debt incurred?	_____
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.88	OH Jay Services LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$332.34
	201 N Tomahawk Ave Tomahawk, WI 54487-1262 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.89	Olio Nonpriority Creditor's Name	Last 4 digits of account number	\$2,892.78
	PO Box 660371 Dallas, TX 75266-0371 Number Street City State Zip Code	When was the debt incurred?	2019
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.90	P&C Sanitation, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$105.00
	N8481 Town Hall Rd Black Creek, WI 54106-9141 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known)

4.91	Pella Corporation Nonpriority Creditor's Name Pella Corporation 102 Main St Pella, IA 50219-2147 Number Street City State Zip Code	Last 4 digits of account number	\$4,610.00
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.92	Peterson Wood Treating Inc. Nonpriority Creditor's Name 2929 Hill Ave Superior, WI 54880-5513 Number Street City State Zip Code	Last 4 digits of account number	\$41,008.53
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.93	PhaseOne Construction Services Nonpriority Creditor's Name 648 E 6th St Owen, WI 54460-9554 Number Street City State Zip Code	Last 4 digits of account number	unknown
		When was the debt incurred?	2019
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.94	Pierce County Highway Department Nonpriority Creditor's Name PO Box 780 Ellsworth, WI 54011-0780 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$4,548.07
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.95	Pinnacle Marketing Group Nonpriority Creditor's Name PO Box 402013 Des Moines, IA 50940-2013 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$2,144.00
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.96	Precision Truss Nonpriority Creditor's Name N15193 Borglin Ave Withee, WI 54498-8668 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____	\$7,101.90
		When was the debt incurred?	Unknown
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.97	Priority Business Systems, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$60.66
	2108 S Hume Ave Marshfield, WI 54449-5545 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.98	Production Plus, LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$226,000.00
	F3915 Walnut Rd Stratford, WI 54484-9719 Number Street City State Zip Code	When was the debt incurred?	2017
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	
4.99	QBE Flood Insurance Services Nonpriority Creditor's Name	Last 4 digits of account number	\$2,796.00
	PO Box 912206 Denver, CO 80291-2206 Number Street City State Zip Code	When was the debt incurred?	Unknown
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.10 0	R&R Flooring & Furniture Nonpriority Creditor's Name 312 S Pacific St Spencer, WI 54479-9233 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$12,634.00
4.10 1	Richard & Joyce Clem Nonpriority Creditor's Name 6642 County Rd W Winchester, WI 54557-9008 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2019</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$4,580.00
4.10 2	Robin Myre Electrical Contracting Nonpriority Creditor's Name 14 W Rice Ave Tomahawk, WI 54487-1325 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$3,233.40

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.10 3	<p>Rod's Towing & Service, LLC Nonpriority Creditor's Name</p> <p>W4066 County Road G Merrill, WI 54452-8649</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>Unknown</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$400.00</p>
4.10 4	<p>Russ Sennhenn Nonpriority Creditor's Name</p> <p>N1780 Hilmar Olson Rd Ogema, WI 54459-8500</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">unknown</p>
4.10 5	<p>Sherman Williams Co. Nonpriority Creditor's Name</p> <p>8520 US Highway 51 N # 69 Minocqua, WI 54548-9390</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5469</u></p> <p>When was the debt incurred? <u>Unknown</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$2,259.35</p>

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

<p>4.10 6</p> <p>Shioctin/Outagamie County Purchasing Nonpriority Creditor's Name</p> <p>320 S Walnut St Appleton, WI 54911-5918 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? 2019 _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p>unknown _____</p>
<hr/>		
<p>4.10 7</p> <p>Simplicity Credit Union Nonpriority Creditor's Name</p> <p>222 E Upham St Marshfield, WI 54449-1543 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Line of Credit _____</p>	<p>\$21,000.00 _____</p>
<hr/>		
<p>4.10 8</p> <p>Spectrum Nonpriority Creditor's Name</p> <p>400 Atlantic St Fl 10 Stamford, CT 06901-3512 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$246.24 _____</p>

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.10 9	<p>Square Deal Metals Sales Nonpriority Creditor's Name</p> <p>6470 Bungalow Rd Athens, WI 54411-9738</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>Unknown</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$12,951.81</p>
4.11 0	<p>Steven Haeckel/Town of Cicero Nonpriority Creditor's Name</p> <p>N9195 County Road X Black Creek, WI 54106-9213</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">unknown</p>
4.11 1	<p>Switlick & Sons, Inc. Nonpriority Creditor's Name</p> <p>1208 Mount View Ln Athens, WI 54411-9379</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>Unknown</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p style="text-align: right;">\$740.00</p>

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.11
2

T.P. Printing Company Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$1,203.72
PO Box 677 Abbotsford, WI 54405-0677 Number Street City State Zip Code	When was the debt incurred?	<u>Unknown</u>
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.11
3

Taylor County Forestry and Recreation Nonpriority Creditor's Name	Last 4 digits of account number	unknown
224 S 2nd St Medford, WI 54451-1811 Number Street City State Zip Code	When was the debt incurred?	<u>2018</u>
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.11
4

The Daily Reporter Nonpriority Creditor's Name	Last 4 digits of account number	unknown
225 E Michigan St Ste 300 Milwaukee, WI 53202-4900 Number Street City State Zip Code	When was the debt incurred?	<u>Unknown</u>
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Contingent		
<input checked="" type="checkbox"/> Unliquidated		
<input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans		
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.11 5	The Fundworks LLC Nonpriority Creditor's Name 15260 Ventura Blvd Ste 1520 Sherman Oaks, CA 91403-5348 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Line of Credit _____	\$67,321.91
4.11 6	The Jeske Company Nonpriority Creditor's Name PO Box 1426 Appleton, WI 54912-1426 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$3,368.82
4.11 7	Town of Cicero Nonpriority Creditor's Name N9195 County Road X Black Creek, WI 54106-9213 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$33,857.02

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 **Lynne**

Case number (if known) _____

4.11
8

Town of Sioux Creek - Town Hall Nonpriority Creditor's Name	Last 4 digits of account number _____	unknown
2067 3 1/2 Ave Chetek, WI 54728-9362 Number Street City State Zip Code	When was the debt incurred? 2018	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	

4.11
9

Town of Skanawan Nonpriority Creditor's Name	Last 4 digits of account number _____	unknown
N8506 Cty Rd W Irma, WI 54442 Number Street City State Zip Code	When was the debt incurred? 2019	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	

4.12
0

Town of Winchester Nonpriority Creditor's Name	Last 4 digits of account number _____	unknown
7228 County Rd W Winchester, WI 54557-9003 Number Street City State Zip Code	When was the debt incurred? 2018	
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.12 1	TriCity Glass and Door Nonpriority Creditor's Name	Last 4 digits of account number	\$6,787.89
100 W Northland Ave Appleton, WI 54911-2015 Number Street City State Zip Code		When was the debt incurred?	Unknown
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.12 2	Trussworks Inc. Nonpriority Creditor's Name	Last 4 digits of account number	\$39,552.75
11054 N Olson Rd Hayward, WI 54843-6487 Number Street City State Zip Code		When was the debt incurred?	Unknown
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			
4.12 3	ULINE Nonpriority Creditor's Name	Last 4 digits of account number	\$59.87
PO Box 88741 Chicago, IL 60680-1741 Number Street City State Zip Code		When was the debt incurred?	Unknown
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____			

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

<p>4.12 4</p> <p>US Bank Nonpriority Creditor's Name</p> <p>PO Box 5229 Cincinnati, OH 45201-5229</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$32,136.78</p>
<p>4.12 5</p> <p>Wausau Supply Nonpriority Creditor's Name</p> <p>PO Box 296 Wausau, WI 54402-0296</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>Unknown</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$15,332.90</p>
<p>4.12 6</p> <p>WE Energies Nonpriority Creditor's Name</p> <p>PO Box 2046 Milwaukee, WI 53201-2046</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? <u>2019</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p>\$376.03</p>

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.12 7	Weber Ag Repair Nonpriority Creditor's Name 6702 Iron Bridge Rd Athens, WI 54411-8489 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$643.89
4.12 8	WI Mechanical Solutions Nonpriority Creditor's Name 1045 Indianhead Dr Mosinee, WI 54455-7314 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2018</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown
4.12 9	Winchester Town Municipal Complex Nonpriority Creditor's Name 7228 County Rd W Winchester, WI 54557-9003 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2018</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	unknown

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.13 0	Windward Computer Nonpriority Creditor's Name 33 N La Salle St Ste 2600 Chicago, IL 60602-3399 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.13 1	Wisconsin Truss, Inc. Nonpriority Creditor's Name 609 Industrial Park Rd Cornell, WI 54732-8052 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>\$24,723.65</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.13 2	Xcel Energy Nonpriority Creditor's Name PO Box 9477 Minneapolis, MN 55484-0001 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>\$466.57</u> When was the debt incurred? <u>Unknown</u> As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

4.13 3	Ziebell's Door Company Nonpriority Creditor's Name	Last 4 digits of account number	<u>unknown</u>
	3456 E Main St Merrill, WI 54452-8978 Number Street City State Zip Code	When was the debt incurred?	<u>Unknown</u>
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify _____	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Attorney Terry L. Moore
Herrick & Hart, S.C.
116 W Grand Ave
Eau Claire, WI 54703-5325

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.98 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
C2C Resources, LLC
56 Perimeter Ctr E Ste 100
Atlanta, GA 30346-2214

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Capital Resource International
27943 Seco Canyon Rd Ste 549
Santa Clarita, CA 91350-3872

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.115 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Chase Bank One
PO Box 15145
Wilmington, DE 19850-5145

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Federated Insurance
1213 Winton St
Wausau, WI 54403-4211

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
GGR Collection Results
PO Box 571811
Houston, TX 77257-1811

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.81 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Graystone Partners LLC
5151 N Oracle Rd Ste 209
Tucson, AZ 85704-3757

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.116 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address Gregerson, Rosow, Johnson & Nilan, LTD 100 Washington Ave S Ste 1550 Minneapolis, MN 55401-2154	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.129</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Hanft Fride 130 W Superior St Duluth, MN 55802-2032	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.92</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Harrold, Scobell & Danner, S.C. PO Box 1148 Minocqua, WI 54548-1148	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.120</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Kohner Mann & Kailas, S.C. Washington Bldg 4650 N Port Washington Rd Milwaukee, WI 53212-1077	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Lake State Roofing, Inc. 4101 N Stephenson Ave Iron Mountain, MI 49801-9351	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.54</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Marco Attn: Accounts Receivable PO Box 1450 Minneapolis, MN 55485-1450	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Michael Best & Friedrich LLP 1000 Maritime Dr Manitowoc, WI 54220-2922	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.125</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Michael C. Koehn, S.C. 131 S Barstow St Ste 600 Eau Claire, WI 54701-2625	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.131</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Mike and Mary Snider F3927 Walnut Rd Stratford, WI 54484-9719	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.98</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Perfekt PO Box 667 Thermopolis, WY 82443-0667	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.121</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address Randall & Sandra Decker Trust 925 Allen St Athens, WI 54411-9550	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.41</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	

Debtor 1 **Polzin, Craig Robert & Hollatz-Polzin, Christine**
Debtor 2 Lynne

Case number (if known) _____

Name and Address

Ray Kilty
648 E 6th St
Owen, WI 54460-9554

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.93 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Rodli, Beskar, Neuhaus, Murray & Pletche
219 N Main St
River Falls, WI 54022-2369

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.119 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Schechter Law Office PLLC
243 5th Ave Ste 720
New York, NY 10016-8703

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

US Bank
PO Box 790408
Saint Louis, MO 63179-0408

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.124 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Vadim Barbarovich
Marshal, City of New York
1517 Voorhies Ave Ste 3R
Brooklyn, NY 11235-3970

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

WebBank
215 S State St Ste 1000
Salt Lake City, UT 84111-2336

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.72 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2353

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	0.00
	6b. Taxes and certain other debts you owe the government	18,875.00
	6c. Claims for death or personal injury while you were intoxicated	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	0.00
	6e. Total Priority. Add lines 6a through 6d.	18,875.00
Total claims from Part 2	6f. Student loans	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	1,643,445.82
	6j. Total Nonpriority. Add lines 6f through 6i.	1,643,445.82

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2	Christine Lynne Hollatz-Polzin		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 CellCom

Cell phone contract

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2	Christine Lynne Hollatz-Polzin		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes.

In which community state or territory did you live? WI . Fill in the name and current address of that person.
Co-debtor

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Athens Lumber LLC**
901 Allen St
Athens, WI 54411-9540

Schedule D, line 2.2
 Schedule E/F, line _____
 Schedule G _____
Byline Bank

3.2 **Athens Lumber LLC**
901 Allen St
Athens, WI 54411-9540

Schedule D, line _____
 Schedule E/F, line 4.41
 Schedule G _____
Decker Lumber

Additional Page to List More Codebtors

Column 1: Your codebtor

3.3 **Athens Lumber LLC**
901 Allen St
Athens, WI 54411-9540

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line 4.115
 Schedule G _____
The Fundworks LLC

Fill in this information to identify your case:

Debtor 1	<u>Craig Robert Polzin</u>
Debtor 2 (Spouse, if filing)	<u>Christine Lynne Hollatz-Polzin</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION</u>
Case number (if known)	_____

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Case Manager RN

Employer's name

Ministry Medical Group, Inc.

Employer's address

How long employed there?

2 years and 10 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>3,498.19</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>3,498.19</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 3,498.19
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 262.43
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 489.75
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 528.42
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>Dental</u>	5h.+ \$ 0.00	+ \$ 10.21
Vision	\$ 0.00	\$ 28.38
HSA	\$ 0.00	\$ 326.43
Supp Life	\$ 0.00	\$ 22.99
Dental Ins.	\$ 0.00	\$ 55.34
Long term dis	\$ 0.00	\$ 4.68
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 1,728.63
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 1,769.56
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ 0.00	\$ 545.25
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 545.25
10. Calculate monthly income. Add line 7 + line 9.	10. \$ 0.00 + \$ 2,314.81	= \$ 2,314.81
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 2,314.81	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor 1 anticipates becoming employed at not less than \$25.00 per hour.		

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin
Debtor 2 (Spouse, if filing)	Christine Lynne Hollatz-Polzin
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Do not state the
dependents names.

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Son

16

No

Yes

Daughter

10

No

Yes

Daughter

8

No

Yes

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **2,740.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	417.00
4b. \$	400.00
4c. \$	100.00
4d. \$	0.00
5. \$	0.00

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 350.00
	6b. Water, sewer, garbage collection	6b. \$ 170.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 498.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 400.00	
8. Childcare and children's education costs	8. \$ 100.00	
9. Clothing, laundry, and dry cleaning	9. \$ 150.00	
10. Personal care products and services	10. \$ 75.00	
11. Medical and dental expenses	11. \$ 100.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 800.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 150.00	
14. Charitable contributions and religious donations	14. \$ 645.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 261.00	
15b. Health insurance	15b. \$ 0.00	
15c. Vehicle insurance	15c. \$ 0.00	
15d. Other insurance. Specify: Vehicle insurance included with homeowner's	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 0.00	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: Pet Expense	21. +\$ 250.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 7,606.00	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 7,606.00	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 7,606.00	
23. Calculate your monthly net income.		
23a. Copy line 12 (your <i>combined monthly income</i>) from Schedule I.	23a. \$ 2,314.81	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 7,606.00	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ -5,291.19	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Christine Lynne Hollatz-Polzin		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Polzin, Craig Robert

Craig Robert Polzin
Signature of Debtor 1

Date May 31, 2019

/s/ Hollatz-Polzin, Christine Lynne

Christine Lynne Hollatz-Polzin
Signature of Debtor 2

Date May 31, 2019

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Christine Lynne Hollatz-Polzin		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF WISCONSIN, EAU CLAIRE DIVISION		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
- Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
- Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

EP710 Hillside St
Stratford, WI 54484-9709

Dates Debtor 1 lived there

From-To:
10/2012 - present

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2 lived there

Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
- Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
- Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)
	Gross income (before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$51,508.02	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$140,295.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$-441,542.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$135,176.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$118,527.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	2019 YTD Child Support	\$2,040.00
For last calendar year: (January 1 to December 31, 2018)		\$0.00	2018 Child Support	\$6,120.00
For the calendar year before that: (January 1 to December 31, 2017)		\$0.00	2017 Child Support	\$6,120.00

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
AgCountry Farm Credit Service	3/23/19; 4/2/19; 4/26/19	\$8,400.00	\$474,622.52	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Brian Polzin	8/1/18; 12/10/18; 3/28/19	\$36,000.00	\$36,000.00	Insider was paid based on an obligation previously incurred; in May, 2019, insider re-loaned \$36,000 to Debtor.
Jennifer Christnacht	8/1/18; 12/10/18; 3/28/19	\$36,000.00	\$36,000.00	Insider was paid based on an obligation previously incurred; in May, 2019, insider re-loaned \$36,000 to Debtor.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case

Case title Case number	Nature of the case	Court or agency	Status of the case
Production Plus, LLC vs. Advanced Crops, LLC et al 19-CV-87	Civil	Marathon County Courthouse	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Mid-State Supply vs. Christine L. Hollatz-Polzin 19-CL-12	Construction Lien	Marathon County Courthouse	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Bay Building Supplies Inc. vs. Athens Lumber LLC et al 19-CV-700	Civil	Brown County Courthouse PO Box 23600 Green Bay, WI 54305-3600	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
The Mill Church 217 N 3rd Ave Stratford, WI 54484-8908	Weekly tithing to church	May 2017 - April 2019	\$13,910.00

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Goyke & Tillisch, LLP 2100 Stewart Ave Ste 140 Wausau, WI 54401-1709	Retainer/\$3,335 (includes filing fee)	May 10, 2019	\$3,335.00

Access Counseling, Inc.	Credit Counseling class/\$8.95	April 28, 2019	\$17.90
-------------------------	--------------------------------	----------------	---------

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	---	--	------------------------

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
The Mill Church 217 N 3rd Ave Stratford, WI 54484-8908	114010 Hillside St Stratford, WI 54484	Storing wood building material for new church	\$40,000.00
Lori Rogney 119010 N St Apt 7 Stratford, WI 54484	114010 Hillside St Stratford, WI 54484	Polaris snowmobile	\$1,000.00
James Glenn 200 S Madison St Waupun, WI 53963-2000	114010 Hillside St Stratford, WI 54484	Polaris XLT snowmobile	\$1,000.00

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous

material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
--	---	--

Athens Lumber LLC 901 Allen St Athens, WI 54411-9540	General contracting and retail building materials Mayer & Associates Inc. (2015-2019) Data Flow (2013-2014)	EIN: 47-2959971 From-To February, 2015-April, 2019
--	--	---

Polzin Construction LLC 114010 Hillside St Stratford, WI 54484	General contractor/construction Mayer & Associates	EIN: 26-3753988 From-To 2000-current
--	---	---

Advanced Crops LLC 114010 Hillside St Stratford, WI 54484	Crop spraying	EIN: 81-5324742 From-To July 2017 - December 2018
---	---------------	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Byline Bank
180 N La Salle St Ste 400
Chicago, IL 60601-2504

03/2019

LBM Advantage Inc.
555 Hudson Valley Ave Ste 200
New Windsor, NY 12553-4749

05/2018

J. Ryan Bonding
2920 Enloe St Ste 106
Hudson, WI 54016-8190

05/2018

AgCountry Farm Credit Services, 05/2018
FLCA
1900 44th St S
Fargo, ND 58103-7428

Simplicity Credit Union 04/2018
222 E Upham St
Marshfield, WI 54449-1543

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Polzin, Craig Robert

Craig Robert Polzin
Signature of Debtor 1

/s/ Hollatz-Polzin, Christine Lynne

Christine Lynne Hollatz-Polzin
Signature of Debtor 2

Date May 31, 2019

Date May 31, 2019

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
Western District of Wisconsin, Eau Claire Division

In re	Polzin, Craig Robert & Hollatz-Polzin, Christine Lynne	Case No.
		Debtor(s)
		Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept	\$
Prior to the filing of this statement I have received	\$
Balance Due	\$

RETAINER

For legal services, I have agreed to accept and received a retainer of	\$
The undersigned shall bill against the retainer at an hourly rate of	\$
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	3,335.00
	250.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Responding to motions, inquiries or information demands from the case trustee or the office of the United States Trustee, representation in prosecution of action on behalf of the Debtors, defending lawsuits and motions against the Debtor such as challenging the discharge or dischargeability of claims or relief from the automatic stay, defending audits, and any appeals.

In re

**Polzin, Craig Robert & Hollatz-Polzin, Christine
Lynne**

Case No. _____

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 31, 2019

Date

/s/ George Goyke

George Goyke

Signature of Attorney

Goyke & Tillisch, LLP

2100 Stewart Ave Ste 140

Wausau, WI 54401-1709

(715) 849-8100 Fax: (715) 849-8102

goyke@grandlawyers.com

Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167		filing fee		
+		\$550	administrative fee	
			\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint* case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Western District of Wisconsin, Eau Claire Division**

IN RE:**Polzin, Craig Robert & Hollatz-Polzin, Christine Lynne**

Debtor(s)

Case No. _____

Chapter **13**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Polzin, Craig Robert & Hollatz-Polzin, Christine Lynne

Printed Name(s) of Debtor(s)

X /s/ Polzin, Craig Robert

Signature of Debtor

5/31/2019

Date

Case No. (if known) _____

X /s/ Hollatz-Polzin, Christine Lynne

Signature of Joint Debtor (if any)

5/31/2019

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court
Western District of Wisconsin, Eau Claire Division

IN RE:

Polzin, Craig Robert & Hollatz-Polzin, Christine Lynne

Debtor(s)

Case No. _____

Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: May 31, 2019

Signature: /s/ Polzin, Craig Robert
Polzin, Craig Robert

Debtor

Date: May 31, 2019

Signature: /s/ Hollatz-Polzin, Christine Lynne
Hollatz-Polzin, Christine Lynne

Joint Debtor, if any

A & L Oil
PO Box 208
Athens, WI 54411-0208

A.J. Manufacturing, Inc.
1217 Oak St
Bloomer, WI 54724-1341

AA Seamless LLC
R139 E Townline Rd
Athens, WI 54411-9212

Accent Business Solutions
PO Box 1915
Appleton, WI 54912-1915

Accola Limited Partnership
209 S Central Ave Ste 201
Marshfield, WI 54449-2836

Acoustech
1710 S 106th St
Milwaukee, WI 53214-4015

Advanced Disposal
5509 Fuller St
Schofield, WI 54476-3106

Aflac
1932 Wynnton Rd
Columbus, GA 31999-0001

AgCountry Farm Credit Services
1207 N Central Ave
Marshfield, WI 54449-1506

AgCountry Farm Credit Services, FLCA
1900 44th St S
Fargo, ND 58103-7428

Alpine Insulation I, LLC
1941 Ashland Ave
Sheboygan, WI 53081-6127

Appleton Acoustical Systems, Inc.
2900 W Elberg Ave
Appleton, WI 54914-5731

Athens Hardware Store LLC
PO Box 242
Athens, WI 54411-0242

Athens Municipal Water Dept
PO Box 220
Athens, WI 54411-0220

Attorney Terry L. Moore
Herrick & Hart, S.C.
116 W Grand Ave
Eau Claire, WI 54703-5325

Badger Corrugating Company
PO Box 2849
Indianapolis, IN 46206-2849

Bank Of America
P.O. Box 851001
Dallas, TX 75285-1001

Bay Building Supplies Inc.
2929 Walker Dr
Green Bay, WI 54311-8312

Bern Millwork & Company, Inc.
6236 Iron Bridge Rd
Athens, WI 54411-8401

BlueLinx
PO Box 408
Schofield, WI 54476-0408

Buckhorn Builders
108 Wylie Rd
Athens, WI 54411-9701

Byline Bank
180 N La Salle St Ste 400
Chicago, IL 60601-2504

C2C Resources, LLC
56 Perimeter Ctr E Ste 100
Atlanta, GA 30346-2214

Capital One/Menards
PO Box 7680
Carol Stream, IL 60116-7680

Capital Resource International
27943 Seco Canyon Rd Ste 549
Santa Clarita, CA 91350-3872

Carstin Brands, Inc.
PO Box 285
Arthur, IL 61911-0285

Cash Cow Capital
Caymus Funding, Inc.
3350 George Busbee Pkwy NW Ste 225
Kennesaw, GA 30144-5597

Central Door Solutions
1430 Contractors Blvd
Plover, WI 54467-2609

Chase Bank One
PO Box 15145
Wilmington, DE 19850-5145

Chase Freedom/Chase Ink
PO Box 6294
Carol Stream, IL 60197-6294

Chase Slate
PO Box 15298
Wilmington, DE 19850-5298

Citibank
Citi Cards
PO Box 20483
Kansas City, MO 64195-0483

Clark County Rehab & Living Center
W4266 County Rd N # X
Owen, WI 54460-8505

Community Living Solutions
2801 E Enterprise Ave Ste 202
Appleton, WI 54913-8559

Complete Safety Concepts
PO Box 240618
Milwaukee, WI 53224-9019

Compliance Regulatory Services, Inc.
N8285 Bachelors Ave
Willard, WI 54493-8773

Composite Panel Systems, LLC
PO Box 997
Eagle River, WI 54521-0997

Construct Connect
3825 Edwards Rd
Cincinnati, OH 45209-1287

Construction Data
2001 19th Ave Fl 2
Vero Beach, FL 32960-3449

Corporate Business Solutions, Inc.
10 N Martingale Rd Ste 400
Schaumburg, IL 60173-2411

Counter-Form LLC
2001 E 29th St
Marshfield, WI 54449-5519

CoVantage Credit Union
723 6th Ave
Antigo, WI 54409-1803

Creative Comfort Heating & Cooling LLC
245 N Main St
Seymour, WI 54165-1309

Custom Craft Distribution, Inc.
121 Countryside Dr
Belleville, WI 53508-9740

CW Garage Door Dist. Inc.
PO Box 245
Woodville, WI 54028-0245

D & T Contractors LLC
W2388 Axen Rd
Gleason, WI 54435-9771

Data Link
3505 Token Dr
Richardson, TX 75082-9710

Dearco Paint & Decorating Inc.
1495 E Green Bay St
Shawano, WI 54166-2257

Decker Lumber
925 Allen St
Athens, WI 54411-9550

Dex-yp
PO Box 619810
Dfw Airport, TX 75261-9810

Dicks Sporting
PO Box 965015
Orlando, FL 32896-5015

Diedericks Heating & A/C Inc.
110 S Mill St
Seymour, WI 54165-1250

Discover Financial Services
PO Box 15316
Wilmington, DE 19850-5316

ESPN Radio
1714 N Central Ave
Marshfield, WI 54449-1514

Faber Electric
S2680 Oakbrook Dr
Marshfield, WI 54449-9440

Federated Insurance
1213 Winton St
Wausau, WI 54403-4211

Federated Insurance Company
PO Box 328
Owatonna, MN 55060-0328

Fire & Safety Equipment IV, Inc.
5636 Connor St
Auburndale, WI 54412-9040

Fleet Farm
PO Box 960013
Orlando, FL 32896-0013

Frontier Communications
PO Box 740407
Cincinnati, OH 45274-0407

Furniture & Appliance Mart
1820 Stewart Ave
Wausau, WI 54401-5351

Gauerke's Tire & Auto
909 Pine St
Athens, WI 54411-9374

Generation 3 Media
PO Box 1119
Janesville, WI 53547-1119

GGR Collection Results
PO Box 571811
Houston, TX 77257-1811

Granite Re, Inc.
14001 Quailbrook Dr
Oklahoma City, OK 73134-1757

Graystone Partners LLC
5151 N Oracle Rd Ste 209
Tucson, AZ 85704-3757

Gregerson, Rosow, Johnson & Nilan, LTD
100 Washington Ave S Ste 1550
Minneapolis, MN 55401-2154

Hallmark Building Supplies
901 Northview Rd
Waukesha, WI 53188-1689

Hanft Fride
130 W Superior St
Duluth, MN 55802-2032

Harrold, Scrobell & Danner, S.C.
PO Box 1148
Minocqua, WI 54548-1148

Heartland Cooperative Services
PO Box 260
Dorchester, WI 54425-0260

Hetzell Plumbing
703 North Ave
Tomahawk, WI 54487-1108

HT Glass & Mirror Center, Inc.
9698 State Highway 70
Minocqua, WI 54548-9055

Impact Directories
1251 N Cole Rd
Boise, ID 83704-8647

Innovative Composite Foundations LLC
PO Box 422
Marshfield, WI 54449-0422

Iron Bridge Industries
6466 Iron Bridge Rd
Athens, WI 54411-8407

J. Ryan Bonding
2920 Enloe St Ste 106
Hudson, WI 54016-8190

Jahnke Construction
R688 County Road U
Athens, WI 54411-9318

Jason Lenz
Innovative Composite Foundations
PO Box 422
Marshfield, WI 54449-0422

Jay's Drywall
W1023 Elderberry St
Edgar, WI 54426-9710

Jeff's Wrenchin Repair
EP4851 State Highway 97
Stratford, WI 54484-9644

Kohner Mann & Kailas, S.C.
Washington Bldg
4650 N Port Washington Rd
Milwaukee, WI 53212-1077

Kwik Trip Extended Network
PO Box 70887
Charlotte, NC 28272-0887

Lake State Roofing, Inc.
4101 N Stephenson Ave
Iron Mountain, MI 49801-9351

Lakeland Door
5799 Skaleski Rd
Denmark, WI 54208-8869

Lakeland Rental Center
8784 Frank Dr
Minocqua, WI 54548-9700

Lakes Gas Co.
PO Box 209
Medford, WI 54451-0209

LBM Advantage Inc.
555 Hudson Valley Ave Ste 200
New Windsor, NY 12553-4749

Lending Club
595 Market St Ste 200
San Francisco, CA 94105-2802

Lincoln County Landfill
801 N Sales St Ste 201
Merrill, WI 54452-1632

Londerville Steel Enterprise Inc
12402 Woodland Dr
Wausau, WI 54401-9724

Manions
PO Box 753
Superior, WI 54880-0753

Marathon Technical Services
404 Franklin St
Wausau, WI 54403-4722

Marawood Construction Services, Inc.
2025 W Veterans Pkwy
Marshfield, WI 54449-1223

Marco
Attn: Accounts Receivable
PO Box 1450
Minneapolis, MN 55485-1450

Marling
PO Box 179
Janesville, WI 53547-0179

Marth Wood Shavings Supply Inc.
PO Box 679004
Dallas, TX 75267-9004

MB Concrete Inc.
PO Box 206
Manitowish Waters, WI 54545-0206

Michael Best & Friedrich LLP
1000 Maritime Dr
Manitowoc, WI 54220-2922

Michael C. Koehn, S.C.
131 S Barstow St Ste 600
Eau Claire, WI 54701-2625

Mid-State Supply
PO Box 510
Wautoma, WI 54982-0510

Midway Windows & Doors
6750 S Belt Circle Dr
Chicago, IL 60638-4706

Mike and Mary Snider
F3927 Walnut Rd
Stratford, WI 54484-9719

Minnkota Windows
2324 Main Ave W
West Fargo, ND 58078-1330

MSA Professional Services, Inc.
1230 South Blvd
Baraboo, WI 53913-2791

Mueller Publishing
PO Box 309
Marshfield, WI 54449-0309

Nicolet Area Technical College
5364 College Dr
Rhineland, WI 54501

Northwestern Lumber Association
701 Decatur Ave N Ste 105
Golden Valley, MN 55427-4363

OH Jay Services LLC
201 N Tomahawk Ave
Tomahawk, WI 54487-1262

Ollie
PO Box 660371
Dallas, TX 75266-0371

P&C Sanitation, LLC
N8481 Town Hall Rd
Black Creek, WI 54106-9141

Pella Corporation
Pella Corporation
102 Main St
Pella, IA 50219-2147

Perfekt
PO Box 667
Thermopolis, WY 82443-0667

Peterson Wood Treating Inc.
2929 Hill Ave
Superior, WI 54880-5513

PhaseOne Construction Services
648 E 6th St
Owen, WI 54460-9554

Pierce County Highway Department
PO Box 780
Ellsworth, WI 54011-0780

Pinnacle Marketing Group
PO Box 402013
Des Moines, IA 50940-2013

Precision Truss
N15193 Borglin Ave
Withee, WI 54498-8668

Priority Business Systems, LLC
2108 S Hume Ave
Marshfield, WI 54449-5545

Production Plus, LLC
F3915 Walnut Rd
Stratford, WI 54484-9719

QBE Flood Insurance Services
PO Box 912206
Denver, CO 80291-2206

R&R Flooring & Furniture
312 S Pacific St
Spencer, WI 54479-9233

Randall & Sandra Decker Trust
925 Allen St
Athens, WI 54411-9550

Ray Kilty
648 E 6th St
Owen, WI 54460-9554

Richard & Joyce Clem
6642 County Rd W
Winchester, WI 54557-9008

Robin Myre Electrical Contracting
14 W Rice Ave
Tomahawk, WI 54487-1325

Rod's Towing & Service, LLC
W4066 County Road G
Merrill, WI 54452-8649

Rodli, Beskar, Neuhaus, Murray & Pletche
219 N Main St
River Falls, WI 54022-2369

Russ Sennhenn
N1780 Hilmar Olson Rd
Ogema, WI 54459-8500

Schechter Law Office PLLC
243 5th Ave Ste 720
New York, NY 10016-8703

Sheffield Financial
PO Box 1704
Clemmons, NC 27012-1704

Sherman Williams Co.
8520 US Highway 51 N # 69
Minocqua, WI 54548-9390

Shioctin/Outagamie County Purchasing
320 S Walnut St
Appleton, WI 54911-5918

Simplicity Credit Union
222 E Upham St
Marshfield, WI 54449-1543

Spectrum
400 Atlantic St Fl 10
Stamford, CT 06901-3512

Square Deal Metals Sales
6470 Bungalow Rd
Athens, WI 54411-9738

Steven Haeckel/Town of Cicero
N9195 County Road X
Black Creek, WI 54106-9213

Switlick & Sons, Inc.
1208 Mount View Ln
Athens, WI 54411-9379

T.P. Printing Company Inc.
PO Box 677
Abbotsford, WI 54405-0677

Taylor County Forestry and Recreation
224 S 2nd St
Medford, WI 54451-1811

The Daily Reporter
225 E Michigan St Ste 300
Milwaukee, WI 53202-4900

The Fundworks LLC
15260 Ventura Blvd Ste 1520
Sherman Oaks, CA 91403-5348

The Jeske Company
PO Box 1426
Appleton, WI 54912-1426

Town of Cicero
N9195 County Road X
Black Creek, WI 54106-9213

Town of Sioux Creek - Town Hall
2067 3 1/2 Ave
Chetek, WI 54728-9362

Town of Skanawan
N8506 Cty Rd W
Irma, WI 54442

Town of Winchester
7228 County Rd W
Winchester, WI 54557-9003

TriCity Glass and Door
100 W Northland Ave
Appleton, WI 54911-2015

Trussworks Inc.
11054 N Olson Rd
Hayward, WI 54843-6487

ULINE
PO Box 88741
Chicago, IL 60680-1741

US Bank
PO Box 5229
Cincinnati, OH 45201-5229

US Bank
PO Box 790408
Saint Louis, MO 63179-0408

Vadim Barbarovich
Marshal, City of New York
1517 Voorhies Ave Ste 3R
Brooklyn, NY 11235-3970

Wausau Supply
PO Box 296
Wausau, WI 54402-0296

WE Energies
PO Box 2046
Milwaukee, WI 53201-2046

WebBank
215 S State St Ste 1000
Salt Lake City, UT 84111-2336

Weber Ag Repair
6702 Iron Bridge Rd
Athens, WI 54411-8489

Wells Fargo Bank, N.A.
PO Box 10347
Des Moines, IA 50306-0347

WI Mechanical Solutions
1045 Indianhead Dr
Mosinee, WI 54455-7314

Winchester Town Municipal Complex
7228 County Rd W
Winchester, WI 54557-9003

Windward Computer
33 N La Salle St Ste 2600
Chicago, IL 60602-3399

Wisconsin Department Of Revenue
Attn: Special Procedures
PO Box 8901
Madison, WI 53708-8901

Wisconsin Truss, Inc.
609 Industrial Park Rd
Cornell, WI 54732-8052

Xcel Energy
PO Box 9477
Minneapolis, MN 55484-0001

Ziebell's Door Company
3456 E Main St
Merrill, WI 54452-8978

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin
Debtor 2 (Spouse, if filing)	Christine Lynne Hollatz-Polzin
United States Bankruptcy Court for the:	Western District of Wisconsin, Eau Claire Division
Case number (if known)	

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>6,346.16</u>	\$ <u>5,966.13</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>548.25</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

7. **Interest, dividends, and royalties**
 8. **Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
 For your spouse \$ **0.00**

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. \$ **0.00** \$ **0.00**

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

..... \$ **0.00** \$ **0.00**
 \$ **0.00** \$ **0.00**

Total amounts from separate pages, if any. + \$ **0.00** \$ **0.00**

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **6,346.16** + \$ **6,514.38** = \$ **12,860.54**

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ **12,860.54**

13. **Calculate the marital adjustment.** Check one:

You are not married. Fill in 0 below.
 You are married and your spouse is filing with you. Fill in 0 below.
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

..... \$
 \$
 +\$
 Total \$ **0.00** Copy here=> - **0.00**

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **12,860.54**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ **12,860.54**

Multiply line 15a by 12 (the number of months in a year).

15b. The result is your current monthly income for the year for this part of the form. \$ **154,326.48**

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

WI

16b. Fill in the number of people in your household.

5

16c. Fill in the median family income for your state and size of household.

\$ 108,341.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11 . \$ 12,860.54

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

\$ 12,860.54

19b. Subtract line 19a from line 18.

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b . \$ 12,860.54

Multiply by 12 (the number of months in a year).

x 12

\$ 154,326.48

20b. The result is your current monthly income for the year for this part of the form

20c. Copy the median family income for your state and size of household from line 16c .

\$ 108,341.00

21. How do the lines compare?

Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Polzin, Craig Robert

Craig Robert Polzin

Signature of Debtor 1

Date May 31, 2019

MM / DD / YYYY

X /s/ Hollatz-Polzin, Christine Lynne

Christine Lynne Hollatz-Polzin

Signature of Debtor 2

Date May 31, 2019

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	Craig Robert Polzin
Debtor 2	Christine Lynne Hollatz-Polzin
(Spouse, if filing)	
United States Bankruptcy Court for the:	Western District of Wisconsin, Eau Claire Division
Case number	(if known)

Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

**5 Living
0 Housing**

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 2,206.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age7a. Out-of-pocket health care allowance per person \$ 557b. Number of people who are under 65 X 57c. **Subtotal.** Multiply line 7a by line 7b. \$ 275.00 Copy here=> \$ 275.00**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 1147e. Number of people who are 65 or older X 07f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.007g. **Total.** Add line 7c and line 7f \$ 275.00 Copy total here=> \$ 275.00**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities - Insurance and operating expenses**
- **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 641.009. **Housing and utilities - Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,168.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
----------------------	-------------------------

AgCountry Farm Credit Services	\$ <u>2,787.00</u>
--------------------------------	--------------------

9b. Total average monthly payment	\$ <u>2,787.00</u>	Copy here=>	-\$ <u>2,787.00</u>	Repeat this amount on line 33a.
-----------------------------------	--------------------	-------------	---------------------	---------------------------------

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ <u>0.00</u>	Copy here=> \$ <u>0.00</u>
----------------	----------------------------

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.

1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 382.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 **Describe Vehicle 1:** , 2010 Dodge 2500 Ram

13a. Ownership or leasing costs using IRS Local Standard..... \$ 508.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
Simplicity Credit Union	\$ 291.67	
Total Average Monthly Payment	\$ 291.67	Copy here => - \$ 291.67 Repeat this amount on line 33b.
13c. Net Vehicle 1 ownership or lease expense	\$ 216.33	Copy net Vehicle 1 expense here => \$ 216.33
Subtract line 13b from line 13a. if the number is less than \$0, enter \$0.		

Vehicle 2 **Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard..... \$ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
-NONE-	\$ 0.00	
Total average monthly payment	\$ 0.00	Copy here => - \$ 0.00 Repeat this amount on line 33c.
13f. Net Vehicle 2 ownership or lease expense	\$ 0.00	Copy net Vehicle 2 expense here => \$ 0.00
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.		

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation expense allowance regardless of whether you use public transportation.* \$ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation.* \$ 0.00

Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.
16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	\$ <u>2,142.76</u>
Do not include real estate, sales, or use taxes.	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.	\$ <u>111.41</u>
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.	\$ <u>0.00</u>
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	
19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.	\$ <u>0.00</u>
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	
20. Education: The total monthly amount that you pay for education that is either required:	\$ <u>0.00</u>
■ as a condition for your job, or	
■ for your physically or mentally challenged dependent child if no public education is available for similar services.	
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	\$ <u>0.00</u>
Do not include payments for any elementary or secondary school education.	
22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.	\$ <u>0.00</u>
Payments for health insurance or health savings accounts should be listed only in line 25.	
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.	\$ <u>0.00</u>
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.	
24. Add all of the expenses allowed under the IRS expense allowances.	\$ <u>5,974.50</u>
Additional Expense Deductions	These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.	
25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.	\$ <u>528.42</u>
Health insurance	\$ <u>528.42</u>
Disability insurance	\$ <u>0.00</u>
Health savings account	+ \$ <u>284.45</u>
Total	\$ <u>812.87</u>
Do you actually spend this total amount?	
<input type="checkbox"/> No. How much do you actually spend?	
<input checked="" type="checkbox"/> Yes \$ _____	
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$ <u>0.00</u>
27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	\$ <u>0.00</u>
By law, the court must keep the nature of these expenses confidential.	

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. \$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary. \$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). Do not include any amount more than 15% of your gross monthly income. \$ 645.00

32. **Add all of the additional expense deductions.** Add lines 25 through 31. \$ 1,457.87

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

33a. Copy line 9b here => \$ 2,787.00

Loans on your first two vehicles

33b. Copy line 13b here => \$ 291.67

33c. Copy line 13e here => \$ 0.00

33d. List other secured debts

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

Yes

\$ 295.46

No

Yes

\$ 198.32

No

Yes

\$ 171.99

33e. Total average monthly payment. Add lines 33a through 33d \$ 3,744.44

Copy total here=>

\$ 3,744.44

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____	÷ 60 = \$ _____
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **18,874.80** ÷ 60 \$ **314.58**

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ 1,369.15	Copy total here=> \$ 82.15
X 6.00	
\$ 82.15	

37. Add all of the deductions for debt payment.

Add lines 33e through 36.

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances \$ **5,974.50**Copy line 32, All of the additional expense deductions \$ **1,457.87**Copy line 37, All of the deductions for debt payment +\$ **4,141.17**Total deductions \$ **11,573.54** Copy total here=> \$ **11,573.54**

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ **12,860.54**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here **=>** \$ **11,573.54**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ 0.00
	Copy here=> \$ 0.00
44. Total adjustments. Add lines 40 through 43	=> \$ 11,573.54
	Copy here=> -\$ 11,573.54
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.	\$ 1,287.00

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input checked="" type="checkbox"/> 122C-1	<input type="checkbox"/> 122C-2	2 Anticipated new job	7/01/2019	<input checked="" type="checkbox"/> Increase	\$ 5,600.00
<input checked="" type="checkbox"/> 122C-1	<input type="checkbox"/> 122C-2	2 Business closed, no more income	4/23/2019	<input checked="" type="checkbox"/> Decrease	\$ 9,079.11
<input checked="" type="checkbox"/> 122C-1	<input type="checkbox"/> 122C-2	2 Co-Debtor will receive more hours	7/01/2019	<input checked="" type="checkbox"/> Increase	\$ 1,150.00
<input type="checkbox"/> 122C-1	<input type="checkbox"/> 122C-2	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1	<input type="checkbox"/> 122C-2	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-1	<input type="checkbox"/> 122C-2	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Polzin, Craig Robert

Craig Robert Polzin

Signature of Debtor 1

Date **May 31, 2019**

MM / DD / YYYY

X /s/ Hollatz-Polzin, Christine Lynne

Christine Lynne Hollatz-Polzin

Signature of Debtor 2

Date **May 31, 2019**

MM / DD / YYYY